

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037579

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 77

STATE FILE NUMBER

FILED OCT 30 1962

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb 10 years			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS 308 Broadway	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) EDWARD C. HYLTON			4. DATE OF DEATH Month Oct. Day 18 Year 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1875	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Cottlettsburg, Ky.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Charles Edward Hylton		13b. MOTHER'S MAIDEN NAME Sarah Columbia Hatton		14. NAME OF HUSBAND OR WIFE Mary Parsons Hylton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Charles Hylton		Address Lamar, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency DUE TO (b) Gen. Arteriosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 9 Months 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mal-nutrition + suspicion of Ca		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-12-62 to 10-18-62 and last saw her/him alive on 10-18-62 Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
21a. SIGNATURE Robert M. Arnold	(Degree or title) D.D.	22b. ADDRESS Lamar, Missouri
22c. DATE SIGNED 10-19-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Lake
23d. LOCATION (City, town, or county) Lamar	23e. STATE Mo.	
24. FUNERAL DIRECTOR Chiles Funeral Home	ADDRESS Lamar, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 21, 1962
26. REGISTRAR'S SIGNATURE Marie Konantz		

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Permit Obtained Oct 21, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. H. Chico

Licensed Embalmer No. 3473

P. O. Address Lansing, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.